

Rules and Regulations

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This section of the FEDERAL REGISTER contains regulatory documents having general applicability and legal effect, most of which are keyed to and codified in the Code of Federal Regulations, which is published under 50 titles pursuant to 44 U.S.C. 1510.

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DEPARTMENT OF DEFENSE

Office of the Secretary

32 CFR Part 41

Enlisted Administrative Separations

AGENCY: Department of Defense.

ACTION: Final rule.

SUMMARY: This document removes information in Title 32 of the Code of Federal Regulations concerning enlisted administrative separations. This part has served the purpose for which it was intended in the CFR and is no longer necessary.

EFFECTIVE DATE: October 21, 1998.

FOR FURTHER INFORMATION CONTACT:

L. Bynum or P. Toppings, 703-697-4111.

SUPPLEMENTARY INFORMATION: DoD Directive 1332.14 (32 CFR part 41) is available via internet at the following address: http://www.defenselink.mil/dodgc/defense_ethics/. Paper copies of the current Directive may be obtained, at cost, from the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, VA 22161.

List of Subjects in 32 CFR Part 41

Armed forces reserves, Military personnel.

PART 41—[REMOVED]

Accordingly, by the authority of 10 U.S.C. 301, 32 CFR part 41 is removed.

Dated: October 13, 1998.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer,

[FR Doc. 98-28137 Filed 10-20-98; 8:45 am]

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DEPARTMENT OF DEFENSE

Office of the Secretary

32 CFR Part 199

RIN 0720-AA46

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); TRICARE Prime Balance Billing

AGENCY: Office of the Secretary, DoD.

ACTION: Final rule.

SUMMARY: This final rule establishes financial protections for TRICARE Prime enrollees in limited circumstances when they receive covered services from a non-network provider.

DATES: This rule is effective March 16, 1998.

ADDRESSES: TRICARE Management Activity, Program Development Branch, Aurora, CO 80045-6900.

FOR FURTHER INFORMATION CONTACT: Kathleen Larkin, Office of the Assistant Secretary of Defense (Health Affairs)/TRICARE Management Activity, telephone (703) 681-1745.

Questions regarding payment of specific claims under the CHAMPUS allowable charge method should be addressed to the appropriate TRICARE/CHAMPUS contractor.

SUPPLEMENTARY INFORMATION:

I. Overview of the Rule

This final rule implements section 731 of the FY 1996 National Defense Authorization Act and section 711 of the FY 1997 National Defense Authorization Act which modified 10 U.S.C. 1079(h) to provide protections for TRICARE Prime enrollees from balance billing situations in limited circumstances. Balance billing can otherwise occur when a provider bills a TRICARE Prime enrollee an actual charge in excess of the allowable amount. Each regional TRICARE managed care support contractor is required to establish a network of civilian providers in areas where TRICARE Prime (the enrollment option) is offered. As is standard for Health Maintenance Organizations, enrollees in TRICARE Prime receive care from network providers. But on occasion, such as when a network provider is not available and they are referred to a non-network provider, or in emergencies,

they may receive covered services from non-network providers. This rule provides protection in these situations; TRICARE Prime enrollees will be responsible for their copayments, but not for balance billing by non-participating providers.

Public Comments. The interim final rule was published in the **Federal Register** on February 13, 1998. We received one comment letter. We thank the commenter who approved of the Department's steps taken to further protect TRICARE Prime beneficiaries from the uncertainties of balance billing by non-network providers. The commenter also suggested that we more clearly define balance billing protections for "out-of-network referrals" and more specifically state our definition of "providers" with respect to references to non-participating providers.

Response. The rule is designed to limit TRICARE Prime beneficiary liability when properly referred by the primary care manager or Health Care Finder for authorized care outside of the TRICARE network in limited instances where there is a lack of network providers, or there is a mistaken referral to an out-of-network provider. Emergency care requires no prior authorization; however, balance billing protections also apply to TRICARE Prime beneficiaries who receive care in an emergency setting from non-network providers. With respect to the request to further define the term "providers," the definition is contained in 199.2 of this part and is generally considered to be a hospital, or other institutional provider, a physician, or other individual professional provider, or other provider of services or supplies.

Provisions of Final Rule. The final rule is consistent with the interim final rule.

II. Rulemaking Procedures

Executive Order 12866 requires certain regulatory assessments for any significant regulatory action, defined as one which would result in an annual effect on the economy of \$100 million or more, or have other substantial impacts.

The Regulatory Flexibility Act (RFA) requires that each Federal agency prepare, and make available for public comment, a regulatory flexibility analysis when the agency issues a regulation which would have a